

P05000019549

(Filer's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200045421952

01/31/05--01060--007 **78.75

FILED

05 JAN 31 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. WHITE FEB -8 2005

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Nationwide Medical Solution, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Grisel Cruz-Lopez
Name (Printed or typed)

4550 NW 85 Avenue
Address

Lauderhill, Florida 33351
City, State & Zip

Cell: 786-290-7926, HM: 954-748-0769, Other: 786-344-8935
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

05 JAN 31 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Nationwide Medical Solution, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4550 NW 85 Avenue, Lauderhill, Florida 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing: To facilitate physician in billing insurance companies, with the most correct billing information. I will make sure all information is HIPPA compliance for both physicians and patients. I will prove a most efficient and rapid way in physician medical billing and collections. Total Medical Office Solution for Physician A Professional Corporation.

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Grisel Cruz-Lopez, 4550 NW 85 Avenue, Lauderhill, Florida 33351, Director/Owner/President

Juan Lopez, 4550 NW 85 Avenue, Lauderhill, Florida 33351, Co-Owner & Vice-President

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Grisel Cruz-Lopez, 4550 NW 85 Avenue, Lauderhill, Florida 33351, Owner & President

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

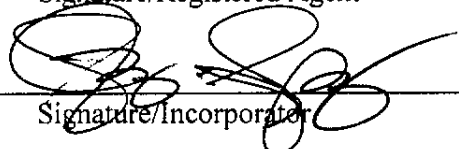
Grisel Cruz-Lopez, 4550 NW 85 Avenue, Lauderhill, Florida 33351, Owner & President

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/27/05
Date



Signature/Incorporator

1/27/05
Date